

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



600023912456

10/17/03--01081--007 **236.25

DOCUMENT # N00000006789

1. Corporation Name

HELP AND HOPE MINISTRIES, INC.

Principal Place of Business

Mailing Address

~~2500 PARENTAL HOME ROAD~~
JACKSONVILLE FL 32216

~~2500 PARENTAL HOME ROAD~~
JACKSONVILLE FL 32216

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~6231 RIVIERA MANOR DRIVE~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~6231 RIVIERA MANOR DRIVE~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2000

5. FEI Number

59-3677179

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MASON, NATHAN Y	2500 PARENTAL HOME ROAD	JACKSONVILLE FL 32216
D	MASON, NATHAN Y JR.	2500 PARENTAL HOME ROAD	JACKSONVILLE FL 32216
D	MASON, PAULA M	2500 PARENTAL HOME ROAD	JACKSONVILLE FL 32216
PSTD	MASON, NATHAN Y.	6231 RIVIERA MANOR DRIVE	JACKSONVILLE, FL. 32216
D	MASON, NATHAN Y JR.	3738 BUNNELL DRIVE	JACKSONVILLE, FL. 32246
D	MASON, PAULA M	6231 RIVIERA MANOR DRIVE	JACKSONVILLE, FL. 32216

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Nathan Y. Mason
REGISTERED AGENT MUST SIGN

Date 10-11-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Nathan Y. Mason NATHAN Y. MASON PSTD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-721-5042

OCT 15TH 2003

CR2E040 (7/03)